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THE

MONTREAL MEDICAL GAZETTE,

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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VOL. I. MONTREAL, JANUARY 1, 1845. No. 10.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I regret very much being compelled to notice Dr. Holmes' last lucubration. I shall do this, however, as succinctly as possible. Being charitably disposed, I shall pass over many of the doctor's erroneous assertions, nor shall I disturb his manifest sophisms; your readers will derive special little advantage from the protraction of a discussion, which, as treated by the doctor is destitute of any utility, nor does it even possess the poor quality of being capable to amuse.

Dr. Holmes admits rather unwittingly that "the question at issue between Dr. Nelson and himself was of very small dimensions;" yet, strange to say, these said "small dimensions," required at the Dr.'s hands, no less than twenty closely printed pages to sustain his position; so true is it, that a bad and tottering edifice requires a vast number of props, (Dr. H.'s "extracts,") which, while they add to its unseemliness, endanger the safety of those that shelter there.

It may peradventure be, that the doctor was actuated by another motive in this display of *his* erudition and ingenuity. He must needs ape Goldsmith's hero, and eclipse him too.*

* In arguing too, the parson owned his skill;
For e'en though vanquished, he could argue still;
While words of learned length and thund'ring sound,
Amazed the gazing rustics ranged around;
And still they gazed, and still the wonder grew,
That one small head could carry all he knew.

Dr. Holmes, with admirable *naiveté*, modestly asserts, that this same "ponderous production weighed on my pathology;" a proof of the *weight* of this *incubus* is found in my reply of three pages to the Doctor's twenty! Though it may disturb Dr. H.'s equanimity, I still assert, that effusion, &c. &c. are the *results* or *products* of inflammatory action, and when these obtain, are evidence that the inflammation had not been curbed or arrested, as stated by Dr. Alison, and yet very wisely adduced by Dr. H. to support his views, and that it had *passed* through some of its phases; it is under peculiar circumstances that these products are poured out with amazing activity. But Dr. H. is equally positive that these "products" are *part* and *parcel*, and are at once synchronous, or concomitant with inflammation at its very *onset*, and are not "always to be looked for." Now I maintain, that in *this* particular, and I opine, in divers others, that the doctor "does not always find what he looks for;" no, not even effusion, if his patient has been properly treated. I stated that Champeau laboured under all the symptoms of the *best marked* case of peritonitis, and no physician of knowledge or candour, will gainsay it. The doctor has either forgotten, or does not know what is familiar, even to every medical reader, that "effusion, &c. in some instances, disappears a short time before death," and that "sweating favours even directly the removal of the effusion." Now the "copious perspirations of *approaching* dissolution," as Dr. H. seems purposedly to distort the fact, lasted for *thirty-six* hours prior to death; and I already stated there was another powerful cause in operation, as a revulsive, and that also the contused state of the left lumbar region, from which after death, much fluid exuded, as remarked before. "But," ejaculates the Doctor, "why did you not ascertain this sooner?" for the very satisfactory reason, to ordinary intelligence, I reply, because Champeau made no complaint at all of the injury there, and when interrogated, stated all the pain he felt was in front; and we are aware that the Doctor is endowed with wonderful "curiosity," but we entertain serious doubts, if he is permitted to "examine and thumb all his patients from head to toe." The doctor is withal in possession of prodigious perspicacity, and then again is blind to what is evident to the meanest capacity. And as for Physiology, why Hunter, Bichat and Magendie, are thrown into utter darkness; *eight* hours after death Dr. H. could discover no external appearance of gangrene, there were no vesications there, all was the re-

sult of "gravitation;" by the way, why did not this same gravitation appear on the opposite side and other parts? No, courteous reader, the whole of the vesications, the peeling off of the cuticle, the lividness and swollen state of this *identical* part, resulted more than 30 hours *after death*. Hence, according to Professor Holmes gangrene is not a vital process, not at all; mortification takes place after death!!! The doctor asserts that I attribute the gangrene to the collapse. This assertion is infinitely disingenuous. A certain other physician may confound *effect* with *cause*, and invert the accepted order of reasoning; but Dr. H. seems to possess unique powers of ratiocinatian; for the love of peace let him enjoy this peculiar privilege. Thus it came to pass, he was induced to peep into the man's stomach, and then had proof positive that he had been "addicted to liquor," and to maintain this *dictum* and as corroborative of the discovery, he brings in my friend, Dr. Sewell of Washington! The indignant friends refuted this outrage on the poor man's memory, and quickly and effectually made it public, and yet the doctor dare harp on the state of the stomach! He seems to be innocent of all knowledge of the "complications which so frequently attend on peritonitis in particular; nor is he more guilty with regard to the doctrine of Metastasis, and the natural mode of inflammation from a serous to a mucous surface. The doctor might find his difficulty about the state of the stomach solved by perusing some of the late French writers on Pathology, if they are worthy of his notice.

The doctor is doomed to be overturned by his own "war elephants;" the poor animal being straddled by one, "uninitiated," tumbles him into the mud, in return for a most "unscientific" application of the goad. The said elephant is personified in the extract from Mackintosh, of which I took so much, as went to prove that peritonitis has not been properly understood till recently; I did indeed mean it to have some application to Dr. H., yet he chuckles over this and accuses me of want of fairness forsooth. Now let us see how the Doctor himself fares on that very subject:—In the *very next* paragraph, Mackintosh makes the following remarks, which I quote as well for the Doctor's edification, as for his information, and which he could not afford to transcribe, as it would have overturned his airy visions: "The *absence of vascularity* is no proof of the non-existence of inflammation; Pathologists rather trust to the well-known *results* of that action, which have also been established

by experiment. Peritonitis was produced in dogs which were then killed, and the vascularity, if recent, disappeared in the act of dying." As the doctor has made a most vociferous flourish of trumpets, seated on another war elephant which he borrows from Craigie, (while he wisely leaves a brother in the den,) I shall once more prove that he has fallen in the plash himself has made: "When inflammation takes place in the peritoneum, it may, under the use of *energetic* measures, promptly employed, terminate, there is reason to believe, without giving rise to the effusion of albuminous exudation; there is no effusion of coagulable lymph, no adhesion takes place between the corresponding and applied parts of the peritoneum, the *overloaded vessels gradually* return to their usual capacity; the natural circulation and secretions are re-established, and the mutual movements of the intestines proceed as formerly. This is the only termination by resolution." This the Doctor will say is not pat to the purpose; certainly not to the doctor's, but to my position, which was and is, that effusion is the *result* of inflammation, if measures not sufficiently energetic are used Even with Dr. H.'s admission there was no lack of energy on my part, save the not applying a few leeches! What new adventures, as another Knight of the rueful countenance, the Doctor will hazard I know not, but if he is, as hitherto, deficient in prudence, he will not be more fortunate with his jaded rosinante.

The Doctor assures us with great gravity that he does not deal in opinions! It was propounding no opinion to state "had he seen C. with two such wounds, he would not have thought that he would have died." The Doctor's "subsequent reflection" was as sound as his "further information," which enabled him to come to the same conclusion as to the reason of the collapse:—"the unusual indulgence in spirituous liquors:"—"he is deprived of the stimulants to which he had been accustomed:"—"the large abstraction of blood:"—"the strong depletion" (of 43 oz.) No, no; he died of none of these, nor yet of the collapse resulting from the gangrene. All this had nothing at all to do in the matter, but as one near a-kin to the Doctor, with equal candour, honesty and charity, comes to the conclusion that "Champeau died of the Doctor;" certain goodly people watch with eagle eye one whom it is not intended to benefit, and cry out, "mad dog, mad dog." Let him have all the honor he can derive from such a shabby artifice.

I do not wish to wound any man's feelings, not even in return

for a pretty grave injury ; but the following lines so aptly pourtray the Doctor's attitude that I must be allowed to transcribe and conclude with them :

"Like as a —— that turns the spit,
Bestirs himself and plies his feet,
To climb the wheel, but all in vain,
His own weight brings him down again,
And still he's in the self-same place,
Where at his setting out he was."

Yours, very respectfully,

WOLFRED NELSON.

APPRECIATION DE LA TAILLE "RECTO-VESICALE" ET DES TAILLES "LATERALISEE" ET BI-LATERALISEE."

(*Suite et fin.*)

TAILLE LATERALISEE.—" Bien qu'elle ait, jusqu'en ces derniers " temps, réuni la presqu'unanimité des suffrages, la taille latéra- " lisée fait naître cependant des chances de mort encore très mul- " tipliées : 1° elle expose à des hémorrhagies dangereuses..... " dont il est fréquemment difficile de découvrir la source, auxquelles " on ne peut opposer, dans un trop grand nombre de cas, ni la ligature " ni la torsion, ni la cautérisation, et que l'on ne peut combattre " qu'à l'aide de compressions, ordinairement incertaines, toujours " difficiles à supporter, et dont l'action irritante prépare des inflam- " mations graves dans les parties sur lesquelles on les exerce ; 2° " cette méthode, en outre, expose..... à des déviations ou à des " infiltrations urineuses, et à des inflammations vives dans le tissu " cellulaire du bassin, surtout lorsque les incisions profondes ont " été portées au-delà des limites de la prostate ; 3° la plaie qui " résulte de son exécution ne saurait livrer passage à des calculs " très considérables, ce qui nécessite, soit la pratique secondaire, " et alors toujours très dangereuse, de la taille hypogastrique, soit " l'application d'instrumens lithotriteurs ou de brise-pierres, dont " l'action, dans l'intérieur de la vessie, ne peut jamais être consi- " dérée comme entièrement innocente ; 4° l'ouverture du rectum " assez facile dans ce procédé, peut entraîner des *fistules vésico-* " *intestinales*, difficiles à guérir, ou nécessiter une addition grave à " l'opération première, l'incision de la portion de l'anus placé en " avant de l'ouverture ; 5° enfin, la taille latéralisée, à raison " des froissemens, des distensions, des dilacérations qu'éprouvent

" souvent le col de la vessie et la prostate, durant les manœuvres " nécessaires pour charger et extraire les calculs, est par fois suivi " du relâchement de ces parties, *d'incontinence d'urine*, ou de " *fistules urinaires périneales incurables.* L'expérience générale " semble démontrer, d'après les calculs les plus favorables, que la " proportion des morts est à celle des sujets qui survivent comme " un est à cinq. Des praticiens recommandables ne l'élèvent même " qu'à un sur quatre. Si, dans l'enfance, cette proportion des in- " succès est beaucoup moins grande, par compensation, dans un âge " avancé, elle est telle qu'un malade sur trois et même sur deux suc- " combe à la suite de l'opération."*

Taille bi-lateralisee.—" Comparée aux autres procédés, " qui se rattachent à la méthode périnéale, la taille bi-latéralisée " présente, comme compensation aux inconvéniens résultant de " l'incision du col de la vessie, et aux froissemens exercés sur lui, " les avantages suivans : 1 ° l'incision pratiquée sur la partie la " plus large de détroit périnéal peut suffire, à raison de la mobilité " de sa lèvre anale, à l'extraction des plus gros calculs que cette " région puisse laisser passer ; 3 ° elle donne plus qu'aucune des " incisions dirigées d'un seul côté, le moyen de faire au col de la " vessie et à la prostate une ouverture très étendue, sans atteindre " aux limites où elle pourrait être dangereuse : une incision de " dix-huit lignes, ne s'écartant de la ligne médiane que de neuf " lignes de chaque côté, restera nécessairement en-deça des prin- " cipaux vaisseaux, et surtout de la circonférence de la prostate ; " 4 ° elle ménage plus sûrement que la taille latéralisée, ou que " la taille médiane, les vaisseaux éjaculateurs, dont la lésion, sans " être aussi féconde en inconvéniens que l'a prétendu Scarpa, ne " doit cependant pas être considérée comme indifférente ; 5 ° en- " fin, le rectum, protégé par la lèvre inférieure de l'ouverture faite " au col de la vessie, et en rapport avec l'une des cuillers des te- " nettes, ne peut être ici dénudé ou déchiré lors de l'extraction des " plus gros calculs."

Methode recto-vesicale. —" La méthode recto-vésicale a " pour incontestables avantages ; 1 ° de n'intéresser que des par- " ties menbraneuses, minces et très extensibles ; 2 ° de faire arri- " ver à la vessie par une voie très directe, et par le point qui cor- " respond au plus grand écartement des os du bassin ; 3 ° de n'ex- " poser ni à l'hémorrhagie, ni à la contusion des parois de la plaie,

* Nouveaux Elémens de Chirurgie, tome 1. p. 686 et 687.

" ni aux infiltrations de l'urine, qui s'écoule immédiatement au " dehors, à raison de la situation déclive de l'ouverture vésicale. " Mais cette méthode expose manifestement plus que les autres à " des fistules uréthro ou vésico-rectales, que l'on parvient quelque- " fois à guérir par un traitement convenable, et surtout par la cau- " térisation, mais qui, chez un certain nombre de sujets, persiste " durant toute la vie.

" . . . . Les fistules, à la suite de l'incision de l'urèthre et du " col, sont plus superficielles, plus petites, moins incommodes, et " plus faciles à guérir que celles qui correspondent au bas-fond de la " vessie. Il semblerait même, si l'on en croit quelques personnes, " qu'en prenant la précaution de borner l'incision du rectum à six " lignes au-delà de l'anus, les fistules ne soient presque plus à " craindre."*

L'auteur, après avoir passé en revue les différentes méthodes et procédés divers employés jusqu'à présent dans l'opération de la taille, termine par le court résumé suivant.

On peut résumer ainsi les discussions précédentes : dans l'état " actuel de la science, la méthode hypogastrique est encore excep- " tionnelle ; la taille latéralisée, le maintient dans la pratique " *par l'autorité des maîtres* qui l'ont pratiquée jusqu'ici ; mais la " taille bi-latéralisée semble lui être préférable. Celle-ci n'expo- " sant pas aux fistules urinaires,sera surtout pratiquée chez les jeunes " sujets et les enfans, qui guérissent presque tous, quelque soit la " méthode employée ; tandis que, chez les adultes, la taille recto- " vésicale, qui remplace des chances de mort par des risques de " fistules, plus ou moins incommodes, pourra lui être substituée, " avec d'autant plus d'avantages, que les sujets seront plus âgés, et " par conséquent menacés de dangers plus grands pour leur vie.†

Je ne crois pas qu'il soit nécessaire d'ajouter aucun commentaire à un texte aussi précis. Les rapprochemens que fait l'auteur sont si clairs et si évidens qu'ils doivent frapper quiconque voudra s'y arrêter un moment. Ce n'est pas ici une imagination bouillante qui se laisse entraîner à de vaines théories par un enthousiasme momentané, c'est un esprit aplomb qui pèse les faits et leur valeur réelle dans la balance équitable d'une science profonde et d'une expérience consommée.

Au surplus, la taille recto-vésicale compte pour partisans déclarés

* Ibid. p. 690 et 691.
† Ibid. p. 692.

en France : Samson, qui en est l'inventeur, Dupuytren, Williaume, Cazenave, Dumont, Urbain, Bégin, Janson, Péserat, Castara, Taxil, &c. ; en Italie : Vacca, Guiseppe, Barbantini, Lancisi, Guidetti, Farnèse, Giorgi, Cittadini, Mori, Cavarra, Castaldi, Regnoli, Bandiera ; en Allemagne : Sleigh, Clot, Wenzel, &c. ; sans compter un grand nombre d'autres moins renommés qui l'ont tentée et en ont reconnu l'avantage. Ces noms célèbres doivent suffire pour prouver que cette méthode n'appartient pas seulement aux charlatans et aux empiriques, comme ôse l'avancer un auteur anglais, mais qu'elle est digne au moins de considération et peut soutenir un parallèle honorable avec les autres méthodes. Les succès dont elle est couronnée chaque jour, font augurer pour elle un avenir brillant et le concours des illustrations chirurgicales.

MANIERE D'OPERER POUR LA TAILLE RECTO-VESICALE.

J'avais l'intention de terminer ici mon petit ouvrage,mais des amis, à qui j'ai cru devoir le soumettre, avant de le livrer à la publicité, m'ont engagé d'y ajouter, pour complément, les procédés opératoires de la taille recto-vésicale ; afin que les personnes qui n'auraient pas entre les mains les auteurs qui se sont donné la peine d'en fournir les détails, puissent trouver dans cette esquisse de quoi satisfaire leur curiosité, ou être à portée de pratiquer l'opération elle-même, si elles se rendaient à l'évidence des faits et des raisonnemens.

Ce qui a donné à M. Sanson l'idé d'extraire les calculs vésicaux par le rectum, ce sont les observations fréquentes faites à l'Hôtel-Dieu de Paris par Desault, de fistules vésico-intestinales guéries en incisant le sphinxter de l'anus, de manière à en faire une plaie recto-périnéale. Frère Côme guérit un malade de la même fistule qui avait été formée et entretenue par la présence d'un calcul, lequel fut extrait par le rectum. On trouve dans un ouvrage de Végétius, publié au commencement du 18ème siècle, le texte suivant : *jubet per vulnus recti intestini et vesicæ aculeo lapidem ejicere.* D'ailleurs, cette coutume règne en Egypte depuis un temps immémorial.*

Voici, au reste, comment, en résumant ce qu'il peut y avoir de plus avantageux dans les divers procédés de Vacca et Barbantini, de Guidetti et Geri, et dans celui de Dupuytren, peut se pratiquer cette opération.

Le malade étant placé comme pour les autres tailles périnéales,

* Voyez : Vepeau, Nouveaux Elémens de Médecine Opératoire, tome 3, p. 782.

on injecte d'abord légèrement la vessie, si préalablement il a été impossible au malade de retenir ses eaux. On introduit ensuite dans la vessie une sonde canelée, dont la courbure représente celle du cathéter ordinaire, que l'on confie à un aide, chargé aussi de relever et soutenir le scrotum. Un autre aide aura pour emploi la distension des tégumens. Alors le chirurgien, ayant placé à plat la lame d'un bistouri long et étroit sur la face palmaire de l'indicateur gauche, le tranchant du côté radial, introduit ce droit dans le rectum jusqu'à environ quatre ou cinq lignes au-delà du rebord de l'anus, la face dorsale de la main regardant en bas ; puis lui faisant faire un mouvement d'un quart de cercle, le tranchant de l'instrument sera dirigé en haut, de manière à tenir la ligne médiane. Alors, tenant de la main droite,en seconde position, le manche du bistouri en il tranche d'arrière en avant, en appuyant vers la bulle de l'urèthre : ayant incisé environ trois quarts de pouce, il élève un peu le manche du bistouri, et termine l'incision du raphé à environ deux pouces de l'anus. L'indicateur, resté dans la plaie, cherche au fond à reconnaître la situation du bulbe de l'urèthre, sa portion membraneuse, et la pointe de la prostate. Ces choses étant déterminées, le chirurgien fixe l'ongle du doigt dans la rainure de la sonde, dans la partie membraneuse de l'urèthre, et le bord cubital de la main regardant la symphise pubienne. Il glisse alors le même bistouri sur le dos de l'indicateur, le tranchant tourné vers l'anus, et perce la membrane de l'urèthre : à ce moment, c'est-à-dire, lorsqu'on entend le grincement métallique qui indique le contact des deux instrumens, l'aide qui maintient la sonde en élève la plaque vers l'abdomen, ce qui fait sailler les parties à diviser, et le chirurgien glisse le bistouri jusque dans la vessie ; l'issue de l'urine ou de la matière injectée lui indique qu'il est parvenu dans cet organe. Alors abandonnant la rainure de la sonde, il retire l'instrument en relenant le manche du bistouri, de manière à diviser d'avant en arrière et de haut en bas, une portion du col de la vessie, une grande partie de la prostate, mais en fesant attention de ne point toucher de nouveau au rectum. Ces deux incisions étant terminées, on retire la sonde cannelée, et on termine l'opération par l'exploration de la vessie et l'extraction des calculs, comme dans les autres procédés.

Tel est cette opération simple et facile dans son exécution, heureuse, on peut dire, dans ses conséquences, que l'on s'est plu, sans la bien connaître, à déprécier et à blâmer. Je me flatte qu'en

l'étudiant attentivement et sans préjugé, on se convaincra de son utilité et des grands avantages que l'on en peut retirer. Quand à la fistule qu'on lui a tant et seul reprochée, elle n'est presque pas à redouter, d'après le procédé que je viens de décrire, ou la muqueuse intestinale et le bas-fond de la vessie ne sont presque pas intéressés.

OBSERVATION.

Joseph St. Jean dit Laperche, d'une organisation faible et cachectique, élevé et ayant toujours vécu dans l'indigence, âgé maintenant de quarante ans, fut atteint dès l'âge de douze ans de douleurs dans la verge et de difficultés d'uriner, mais aucun symptôme ne se déclara jamais, ni à la région de la vessie, ni dans la direction des urétères, ni dans les reins. Un grand nombre de médecins, tant de la ville que des campagnes, furent consultés successivement, et presque tous se trompèrent sur la cause du mal ; les uns l'attribuant à un rétrécissement de l'urèthre, les autres à un ulcère de la muqueuse de cet organe, d'autre enfin, au nombre desquels je dois me compter, à une affection spasmodique des branches du nerf honteux : un médecin le traita, sans succès comme tous les autres, pour une affection syphillitique. Le Dr. Robitaille, de St. Roch de l'Achigan, est le seul, jusqu'à ces derniers temps, qui ne se soit pas trompé sur la maladie, car l'ayant sondé il y a huit ou neuf ans, il l'assura qu'il avait une pierre dans la vessie ; mais le patient me dit qu'il refusa de l'opérer, je ne sais pour quelle raison.

Vers la fin de juin dernier, le Dr. Regnault et moi, nous étions chez Mr. Joseph Renault (le malade opéré dont il est parlé plus haut), lorsque St. Jean vint consulter le Dr. R. sur sa maladie. Celui-ci décida qu'il fallait explorer la vessie, ce à quoi nous procédâmes de suite, et il nous fut facile de constater l'existence d'au moins un calcul. Quelques temps après, le malade étant déterminé à subir l'opération, me demanda si je voulais la lui pratiquer ; ce que j'acceptai volontiers.

Vu qu'il était dans un degré de faiblesse et d'atonie considérable, par suite de ses longues et cruelles douleurs, et d'une rare et mauvaise nourriture surtout depuis ces quatre dernières années, je crus devoir le préparer pendant cinq semaines par une diète généreuse, de bons soins et plusieurs purgations. Enfin le quatre septembre dernier, le trouvant suffisamment préparé, en présence du Dr. Jamieson, qui eut l'obligeance de m'assister, de deux de ses frères, dont l'un étudiant en médecine, de L. C. Beaumont, Ecr. de La

chenaie et de mes deux élèves, je procédai à l'opération, en la manière décrite ci-dessus.

Lors de l'extraction des calculs, en ayant saisi un qui, par l'écartement des tenettes, nous parut de la dimension d'au moins un gros œuf de poule, je reconnus la plaie insuffisante pour son passage. Je craignis, en agrandissant la plaie, de blesser peut-être le repli du péritoine, et je me déterminai à le rompre auparavant, s'il était possible ; ce à quoi je réussis complètement, au moyen d'une forte pression entre les mâchoires des tenettes et j'en retirai tous les fragmens, aussi bien qu'un autre calcul de forme sphérique, d'environ quinze lignes de diamètre. On me blâmera peut-être d'avoir brisé le calcul, au lieu de l'avoir extrait dans son entier, mais enfin, j'ai fait pour le mieux, et nul accident fâcheux n'en est arrivé.

Le rétablissement s'est fait avec le plus grand calme ; aucun symptôme inflammatoire de la vessie des intestins ou de l'urèthre n'est survenu, sinon un assez léger gonflement du testicule droit qui est maintenant dissipé. L'urine commença la sixième journée à passer en partie par le canal, et maintenant j'ai le plaisir de voir que la cicatrisation de la plaie est complète, et que toutes choses sont dans l'ordre normal.

Il y a quelques jours qu'un gravier, passé sans doute inapperçu, lors de l'opération, se montra dans le canal urinaire : je le tirai de suite au-dehors, et je reconnus qu'il était de la grosseur d'une cerise allongée et un peu applatie. Cette circonstance lui avait fait éprouver de légères douleurs analogues à celles précédentes à l'opération, mais maintenant il est dans l'état le plus satisfaisant. Son appétit est excellent, les forces reviennent, il repose bien toute la nuit, toutes les fonctions se font suivant l'ordre naturel, et il va bientôt être en état de reprendre ses occupations que ses douleurs aigües l'avaient depuis longtemps contraint d'abandonner.

CONCLUSION.

Plusieurs personnes trouveront peut-être trop de longueur à cet écrit, mais j'ai cru que l'importance du sujet méritait d'appuyer quelques temps sur la question. Le lecteur attentif remarquera que je n'ai fait, pour l'abbréviation, qu'énoncer des propositions susceptibles, de beaucoup de développemens et qui peuvent devenir le sujet d'amples méditations, que chacun pourra faire en son particulier. Si quelqu'un peut trouver mon article sans intérêt, cela dépendra sans doute du style et de la manière sèche et monotone dont

aura été traité le sujet. Il n'en est pas de la chirurgie comme de la littérature : dans celle-ci, quelqu'intérêt que puisse avoir le fond, vous vous attachez surtout à la manière pleine de feu et de grâces avec laquelle sont énoncées les choses, tandis que dans une autre science, le fond lui-même fait tout le mérite. Si les beautés du style peuvent s'y rencontrer, elles pourront être un appas pour les esprits paresseux et superficiels qui font moins de cas d'un bon principe que d'une phrase élégante. Ce n'est pas pour ces derniers que j'ai écrit : mon ambition n'est que de fixer l'attention des hommes sérieux et réfléchis sur une question nouvelle pour ce pays, et tâcher d'être par là utile à mes compatriotes, en mettant mon obole dans les trésors de la science.

Quand à la question elle-même, je crois l'avoir envisagée sous toutes ses faces, n'en avoir pas évité les difficultés et l'avoir traitée avec franchise et désintéressement. J'ôse me flatter que si quelqu'un de mes confrères se donne la peine de faire la critique de mon article, il voudra bien le faire avec le même sang froid, et se dépouiller de cette espèce d'animosité que l'on rencontre malheureusement dans les discussions les plus philosophiques.

Je termine, en sollicitant l'indulgence de mes lecteurs pour la faiblesse de cette composition, et en les priant de ne s'arrêter qu'à la valeur des principes qui y sont énoncés. Je ne me flatte pas non plus de n'avoir commis aucune erreur, puisqu'on en trouve dans les ouvrages mêmes des plus grands maîtres, dont je suis loin d'avoir les talens et les connaissances.

F. Mesnard.

Nous recommendons à nos confrères canadiens l'article du Dr. Mesnard: elle est digne d'appréciation, et le Dr. bienvenue n'a aucune raison d'en faire excuse ; nous serons gré de recevoir autres communications possedant le mérite de cet "obole."—Rédacteurs de Gaz. Med.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY. INSTITUTED IN THE YEAR 1788.

More than half a century has now elapsed since the Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity was established by the benevolent exertions of a few members of the medical profession.*

* The original founders of the Society were :—Dr. John Squire, Dr. Andrew Douglas, Dr. Thomas Denman, Dr. John Sims, Dr. Richard Dennison, Mr. William Chamberlain, Surgeon, and Mr. Thomas Rendall, Apothecary.

Commencing with a very limited number of subscribers, and consequently with a very slender income, it has gradually assumed such an importance, and attained to such a degree of prosperity, as place it upon a level with some of the most influential charities of the metropolis; the funded property of the Society, amounting now to nearly forty-five thousand pounds, enables the Directors to distribute with the aid of annual subscriptions, above fifteen hundred pounds per annum among the widows and orphans of its deceased members.

The degree of relief afforded by the Society to its pensioners has, of course, varied with its means; the present allowance is £35 a year to a widow, provided her income from other sources does not exceed £50 per annum; to each of her children under fourteen years of age, £12 yearly is allowed—and, under some circumstances, an apprentice fee is usually granted upon application.*

Abstract of the Receipts and Expenditure for the Year 1839.

RECEIPTS.

Annual Subscriptions, Arrears, Fines, &c.	402	3	0
Donations and Benefactions	365	6	0
Dividends	1,049	18	5
	£1,817	7	5

EXPENDITURE.

To Widows and Orphans	1,394	5	0
Salaries, Commissions, and other expences	112	6	3
Bills	52	0	10
Mr. Sturt, Stockbroker for Powers of Attorney, &c.	18	17	6
	£1,577	9	7
Funded this year	£341	3	9

There are now receiving Half-yearly assistance from the Funds, Widows,	31
Orphans under fourteen years of age	15
Adult Children of deceased Members, who are incapable,	5
Aged and distressed Member	1
Total	52

This Society was instituted in the year 1788. The capital Stock is now £34,213 2s. 8d. in 3 per cent. consol annuities, and £210 in new 3½ per cents., in the names of the Trustees; and £7,355 18s. 5d. in the names of other Trustees, for the purpose of accumulation. The

* Taken from the preface of the Society's Report, published in 1840.—Ed.M.M.G.

sum of £26,066 5s. has been distributed among persons eligible to receive assistance. Upwards of £1,500 per annum is distributed among the Widows and Orphans of deceased Members.

The Society contains—

Life Members - -	187
Annual Subscribers -	135
Total - - -	322

TO THE EDITORS OF THE MONRREAL MEDICAL GAZETTE.

Gentlemen,—Since I communicated my ideas to you, on the subject of the application of the *tincture of iodine* in small pox, I have not had many opportunities of further testing its efficacy, as (fortunately for the community) the disease has not been prevalent in this city. The occasions, however, that I have employed it in, have been attended with very satisfactory results. I am now desirous of knowing the opinion of such members of the faculty, as have given a *fair trial* to the application, and for this object I have to request insertion of this invitation, to those who may have made trial of the application. The favorable opinions I have heard expressed by several of my professional confreres, strongly support the belief I have already advanced, that this remedy possesses *cosmetic* (if not prophylactic) powers superior to any other application with which I am acquainted, in addition to which it has the advantage of more easy application,—and I trust I do not over estimate its value, when I add further, that it has also antiphlogistic powers, which promise to obtain for it a more than ephemeral favour.

During the course of the last month I treated a severe case of confluent small pox, which assumed a malignant or hæmorrhagic character, before its termination, notwithstanding the unfavourable nature of the case, for testing the application, I had the satisfaction of witnessing the most decided good effects from it, in controlling the inflammatory action in the parts to which it was applied : the face, eye lids, and forearm, remaining throughout free from tumefaction; the patient had neither delirium nor salivation, and the parts *painted* were comparatively comfortable. On the 8th day, while everything seemed favorable, the pustules assumed a hæmorrhagic appearance, which continued to increase till the 12th day of the eruption, when he died, having preserved his intellect to the last. The post mortem inspection showed that the inflammatory action had not involved the deeper seated structures, and in all probability there would not have been any scars or pits, had the patient survived.

Several medical gentlemen visited the case, and expressed their con-

viction of the beneficial effects of the application. I now invite the test of further experience, which can only be obtained by others trying *fairly* the application, and candidly giving us the results of their trials.

I would again beg to notice, the necessity there is, of applying the tincture *in the very earliest stages of the eruption*, if the full benefit is to be expected from it; when late applied, it does not stop the puffing of the face, nor control the inflammatory action, as it does when used early.

I am, Gentlemen,
Your obedient servant,
J. Crawford, M.D.

St. James's Place, 25th, 1844.

ANNIVERSARY MEETING OF THE MEDICAL MEN OF NEW YORK, FOR THE RELIEF OF WIDOWS AND ORPHANS OF DECEASED PHYSICIANS.

21st novr. 1843.

The dinner being discussed, and the health of the President of the United States having been drank; Dr. Delafield rose and said:

In proposing a toast, gentlemen, I can congratulate you on the prospect of usefulness opened before us. This is the first anniversary of our Society under its present organization, and already it numbers about 60 members of the first professional men of our city. I hope to see, too, its numbers increased yet more, so as to embrace, finally, all the professional men of this metropolis. We have, too, thriven in other respects, and now our funds, which originally were but small, and altogether inadequate to our wants, amount to $2,500: and we have yet, I assure you, every reason to hope that, small as this is, it will yet be very serviceable to those on whom it is intended to be bestowed, and must now be looked upon as an earnest of still greater prosperity. As our Society grows, its funds will increase, and in future days will possess the means of ministering to the wants of all of the objects for whom it is intended—I mean for the widows and orphans of members of our profession. None of us can tell but that those whom we leave behind us may be glad to receive the provision which the Society provides for them. You know most of our profession with difficulty support themselves; that the number of those who have done more than this is but limited, compared with the numbers of our profession. We, then, who are in apparent prosperity, cannot tell but that our own orphans may be dependent upon this support. Even among those who have been able to accumulate a support, after a change of circumstances, (particularly in this city) the vicissitudes of a minute

have been able to prostrate the prosperity of years. I have known an old man of 70, who by long saving had been able to accumulate a support for his old age : I have known him deprived of the fruits of his labours, and, old and bent down, have seen him recommence the practice which he had almost entirely laid aside.

I have seen the man of middle age die and leave the field, when he was earning fame and fortune.

Instances of this description are frequent in a profession like ours, and I have lived in this city long enough to have witnessed many such transitions.

The only wonder is, not how a Society should exist, but that it should have been delayed so long, but I am satisfied that every thing in your power will be done, and that it only remains for you to strive to add to its members, and thereby to increase the funds.

The manner in which our Society has moved in this object, is peculiarly favourable for action, for though I have lived in this city for thirty years, I have never seen it so much at harmony with itself. If there be any ill-feeling in the profession, I am unaware of it, and this state of harmony exists though we have two rival Colleges, in the full tide of success, and though many of us can remember the day when the profession was rent entirely with disputes.

Now, the very opposite of this exists, and the utmost harmony and union exist among us. If there be strife, I am unaware of it. True, there is professional emulation, but no undue jealousy.

I will conclude, gentlemen, with drinking ' Success to our Society.'

This toast was received with the greatest applause, after which

" Union : the only Party among medical men ; the cordial union of all honourable members of the profession," was the next toast given, and it was honoured with great enthusiasm.

The Vice President, Dr. Mott, made some remarks upon this toast It appeared to him, that in order that the Society may prosper, every thing like sectional or partizan feeling should be discarded. He knew there were many who thought otherwise ; but, for himself, he was determined not to espouse any party, but to go on without quarrelling with his brethren. He believed if all those present adopted the same resolution, and so acted, it would prove one of the most valuable and permanent and united Societies in the country. And he begged all his brethren to discard all prejudices, and to unite in that closest of all bonds,—that of *Charity*. [Applause.]

" Medical Education, sound and thorough, the best safeguard against Quackery" was then drank, on the proposition of the chair. After which the President gave the following toast—

" The Medical Colleges in this city." [Three cheers.]

Dr. Mott thought he could state for the information of the Society, that, the more colleges there were in the city, the better. There were already two ; and there was room for another, and another and another.—There were heads, hearts and hands enough to sustain not only two, but three, four or five : the more the better. (Cheers.)

After a number of other toasts had been responded to, the Society separated highly pleased with their dinner, but what was much more important, with each other.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

MEDICAL ASSOCIATION.

At a meeting of the Licensed Medical Practitioners, of the Districts of Dalhousie and Bathurst, Canada West, and of Sydenham, Canada East, held at Bytown, Dec. 14, 1844. It was resolved—That the following suggestions (arising out of the Editorial notice contained in the last number of the Montreal Medical Gazette) should be respectfully submitted to the Editors of that Journal.

First—That this meeting does approve of the objects of the Association, more particularly of the enlarged and extended view taken of it by the Editors of the Montreal Medical Gazette. Carried.

Second—That at the meetings of the Association, papers on Medicine and the collateral sciences be submitted ; the authors' name to be withheld and substituted by a motto. That these papers be subsequently submitted to a Committee, and if approved of, that they be published in the form of Transactions with the author's names ; and the proceeds (if any) go towards the general fund. Carried.

Third—That the members of the Medical Profession, like those of *other learned bodies*, should be distinguished during the Session of the Association, and on all public occasions, by some characteristic dress. Carried.

On behalf of the meeting,

EDWARD V. CORTLANDT,

Surgeon,

Bytown, Dec, 16, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In the 7th number of the *Montreal Medical Gazette*, I perceive a notice to students, that you are disposed to give a standard work and a complete copy of your valuable journal for a series of Clinical Reports.

I beg, therefore, to submit the enclosed case to you; should you think favourably of this my first attempt, I will feel encouraged to trouble you with another.

I have the honour to be, yours very respectfully,

J. J. N.

G. Waters, a seaman, aged 16, was admitted into the Marine Hospital June 29, 1844. He stated that thirty-eight days previously he had fallen from the rigging, and broken his shoulder. On examination, the left humerus was discovered to be fractured a little below its neck. The lower portion protruded about two inches through the integument, in front of the middle of the clavicle. The upper portion of the fractured bone was thrust backward. The whole of the integument and anterior deltoid were interposed between the fractured ends of the bone. The arm was much shortened: the muscles had accommodated themselves to this shortening, and the adhesions were so firm that it was found impracticable to reduce the fracture. While at sea, escharotics had been freely applied to the projecting bone, which was carious. It was considered that, even if the projecting portion were removed, the interposed soft parts would prevent the fractured ends being placed in apposition.

Under these circumstances, it was deemed necessary to remove both ends of the bone, to bring them in contact. On the 2d of July the following operation was performed, being the third day after his admission.

An incision was made from where the bone transfixed the integument; this incision was continued to the insertion of the deltoid. Another incision, commencing at the posterior border of the deltoid, was brought down till it joined the first one. The flap thus formed was dissected up, exposing completely the fracture and the shoulder joint. Two arteries requiring ligature were tied. The lower portion of bone was then sawn off about half an inch below where it had protruded. The upper portion was very short, and deeply imbedded in the soft parts. A projecting and oblique portion, about an inch in length, was removed by means of cutting forceps—parallel to the insertion of the capsule.

The ends of the bone were then easily brought together. The flap was laid down, and secured by three or four stitches, and covered by a pledget of lint wetted with cold water. The arm was

supported in a sling, and the ends of the bone were kept in contact by a broad elastic belt, which passed under the opposite arm and terminated over the wound like an epaulette. To this were attached bandages, which passed under the elbow. The patient was kept in bed on milk diet.

Very little constitutional disturbance followed the operation. The following day the stitches were removed, and a light compress was placed under the bands which supported the elbow.

July 11.—The wound looked well, and union of the integument had taken place generally. The fingers, hand, and arm were enveloped in a cotton bandage, saturated with white of egg, making moderate pressure. Thin splints of whalebone were applied round the upper arm and included in the bandage. Openings were made through the bandage over the course of the wound, for the escape of the discharges.

August 9.—The bandages, &c. were removed; no sign of bony union; wound looked well; granulations healthy, and edges contracting: the bandages, splints, and supports were applied as before.

14th.—For some days has suffered from rigors, fever, headache, and gastric derangement; erysipelas appeared over the left scapula. An incision was made over its inferior angle, and a quantity of ill formed pus discharged. Pain in the arm occasioned the removal of the bandages, when a collection of matter was found over the outer condyle and evacuated. The bandages were re-applied, an aperture being left over the opening. From this time the patient did well, the discharges gradually diminished, he gained strength, and was able to walk about the grounds. Complained of occasional pains in the arm, but not enough to warrant the removal of the bandages.

September 14.—Bandages were removed, and the ends of bone were found consolidated. Simple dressing was applied to the wound, which was almost cicatrized. Starch bandage was discontinued, and a common flannel roller substituted.

October 19.—Was discharged. Motions of the elbow perfectly free; those of the shoulder still very imperfect, but rapidly improving. He could raise the arm to an angle of about 45.

What gives this case some degree of interest, is the fact, that in operations for injuries from gunshot, &c., the head of the bone may be left, though cut off from all vascular communication, excepting through the capsular ligament. In this case, doubts were expressed both before and after the operation, whether the head of the

bone, being so completely isolated as it was, could perform its share in the process of union.

A Pupil of the Marine Hospital.

Quebec, November 18, 1844.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JANUARY 1, 1845.

In the last number of the Medical Gazette, we presented our readers with an abstract of Sir James Graham's Medical Reform Bill for Great Britain and Ireland, as submitted by him to the Imperial Parliament in August last. Few measures perhaps have been laid upon the table of that influential body, which have produced more excitement or called forth a greater variety of opinions, with regard to their provisions or the alterations contemplated by them than the Bill of the Right Honorable Home Secretary. Public benefit, corporate privileges and individual interests have all been enlisted by the supporters and opposers of that scheme, as circumstances, either of a public or private nature, seemed to influence one or other party. Scarcely a professional periodical has issued from the press since that period, and very few of the ephemeral journals, which have not contained arguments either strongly in favor of its adoption on the one hand, or the most unmeasured vituperations against "so injust, illiberal and levelling a scheme," on the other. If there be any one section of the learned professions in the United Kingdom, which more than another called loudly for and seemed bent on possessing reform, then most assuredly did the medical profession constitute that section. That the privileges enjoyed by the Medical Corporations in London have long pressed heavily upon the members of those of the sister divisions of the Empire, was a matter frankly admitted by many of the members themselves of those very Corporations, and although praiseworthy attempts to modify and alleviate those hardships have been repeatedly made by the junior members, there did still exist among the seniors such an invincible stickling for

ancient right, and such a fixed determination to maintain the principle of exclusiveness in the bodies, that all these attempts proved abortive, until it was made manifest to them, that if they could not or would not reform the institution, over which themselves presided, it would be done for them.

The admission to the Fellowship of the Royal College of Physicians and to the Council of the Royal College of Surgeons of London (being limited almost to individuals of certain Universities, we had almost said of certain schools,) formed a great and just ground of complaint against these two bodies. What followed? By agitation, pressure from without, and a due appreciation of the force of expediency, the Councils of these two bodies were at length awakened from their reverie; a certain amount of concession was then first extorted from the Royal College of Physicians, the Council of which consented to admit into their fellowship certain Physicians who had not taken their degrees at the Universities of Oxford or Cambridge. By the new charter of the Royal College of Surgeons, (dated September 1843) a great change has been wrought in the constituency of their Council, for although the present members of it be appointed for life, on the occurrence of vacancies, these will be filled up by the votes of the three hundred members of the profession required by the provions of that charter, to constitute the elective body.

Another great evil to be remedied was the want of uniformity of qualification among the members of the same grade, rendering it necessary for the graduate or licentiate of one college to undergo a second examination to enable him to practise as such in any other portion of the kingdom except that in which he obtained his degree or licence. The Bill of Sir James Graham at once obviates this difficulty, for on presentation of his honorary degree and letters testimonial from one college, a Physician, Surgeon or Licentiate of Medicine and Surgery may at once practice in that department in any part of the kingdom, without let or hindrance.

The appointment of a general Council of Health and Medical Education too we regard as one of the most vitally important provisions of the Bill; exercising control, as this Council will, over all the colleges of the Empire, they will have the power of regulating the curricula of all these Institutions, and of so assimilating them, as to remove the in-

vidious distinctions so often cast upon the holders of degrees obtained at *certain* Universities.

Thoroughly acquainted with the feelings of the profession generally in Great Britain, we are not at all surprised at the opposition which has been brought to bear against the Bill from certain quarters; nevertheless, we cannot but agree in opinion with the members of one of the Branch Provincial Associations, who, at a meeting lately held to take it into consideration, declared that it was as good a bill as could be adopted, seing that the interests involved in its provisions were so many and so various.

We believe we may state on authority, that it is the inteution of the Attorney General for Canada East, to introduce during the present Session a Medical Bill, for the regulation of the study and practice of the Profession in this Province. Pledged as the members of the Administration are, to carry out the liberal policy of the noble minded and generous hearted individual at the head of the Government, and, pledged by the often expressed and now recorded promises of many of them to countenance and support liberal institutions, to extend the means of education, and thereby encourage all that shall tend to the prosperity and advantage of the community at large; we entertain not the slightest doubt, but that the contemplated measure will be one calculated to afford satisfaction to all classes and denominations of Her Majesty's lieges in this Province, connected either directly or indirectly with our Profession. Its members too are now beginning to constitute a very large and influential party in this Province, (if we may judge from the number who have been returned as Members of Parliament,) and entertaining the idea, that many months will not pass over our heads, before a Medical Association will be formed for linking together men engaged in the same pursuits, stimulated by the same objects, and above all, desiring to feel themselves possessed of that rank among the learned professions, to which their studies have entitled them, we rejoice in the thought that this is to be a Government measure. With the Medical Reform Bill of Sir J. Graham staring them in the face, we cannot for a moment conceive, that the present administration will sanction the maintenance, or countenance the possession of exclusive privileges by any body of men in United Canada, and more especially,

when the possession of these very exclusive privileges tends to retard the progress of science. Immediately on the appearance of the proposed Medical Bill we will furnish our subscribers with a copy of it, even although it impose upon us the necessity of issuing an Extra.

In our present number will be found some particulars, financial as well as historical, of the "Society for the Relief of the Widows and Orphans of Medical men in London and its Vicinity," and we are delighted to give honour to whom honour is due, by transcribing from one of the leading New York Journals a part of the proceedings of a Society lately established in that City for the same purpose. The occasion was the dinner on the anniversary meeting of the Society's establishment, at which Dr. Delafield presided and Dr. Mott was Vice President, surrounded by about 60 members. The perusal of the remarks made by the above amiable and talented men entirely bear us out in our opinion, that associations of the members of our Profession, cannot but tend to elevate their character in the eyes of the community at large; to establish friendly communion among themselves, and to dispel party feelings and petty jealousies. In an especial manner we direct the attention of our readers to the remarks made by the learned Vice President on the subject of the Medical Colleges in the city of New York.

Dr. Nelson being entitled to the privilege of finally answering Dr. Holmes' remarks, we must beg to decline inserting anything further on this subject. All our readers too must feel, that this contest might be carried on *ad infinitum*, as authorities might be advanced on both sides to support the views taken by the gentlemen respectively. Moreover, this being a season for the exercise of brotherly love and the demonstration of every good feeling among our neighbours, we avail ourselves of the opportunity to take leave of the old year with all its disagreables, and to welcome in the new, hoping that during the ensuing year much will be done to establish among the members of the Profession in this City the same cordial and kindly feelings as we are glad to find existing among our confrères in New York.

MEDICAL MISCELLANY.

The following petitions have been submitted to Parliament since its Session began :—For an Act of Incorporation by the Lecturers and Students of the College of Medicine and Surgery of this City—Against the above by the Professor, Lecturers, and Demonstrator of Anatomy of the Medical Faculty of McGill College—For pecuniary aid, by the Medical Faculty of McGill College. An epidemic gastro-enterite has been prevailing in this city for the last six weeks among children under 12 years of age. A considerable number of cases of small pox have also occurred; those in which Iodine has been applied externally, with the exception of a child, have fully confirmed the usefulness of the application. It was recommended in one of our early numbers by our friend and townsman, Dr. Crawford.

Le 10ème No. de la Gazette Médicale est au commencement de l'an, offert a ses abonnés, avec tous les souhaits des rédacteurs; ils espèrent qu'ils ont maintenant garanti la continuation du journal à l'avenir, même ils sont préparé à doubler leur courage, tripler leurs efforts, par raison d'un encouragement extraordinaire reçu des toutes parties de la province, et quoiqu'ils n'énocent pas expressément un élargissement de la Gazette, ils entrevoyent une forte probabilité d'un tel événement: mais pour y réussir il faut à la fin de leur année règler leurs comptes avec non seulement leurs imprimeurs mais avec des journaux de Paris, Londres, &c., et autres sources de dépenses indispensables, donc ils ne demandent pas trop quand ils solicitent le prix de l'abonnement pour l'année, et si les souscripteurs s'en trouvent gré de leur envoyer en avance le prix de la seconde période, il est guère nécessaire de dire qu'ils en seraient plus que reconnaissants.

TO CORRESPONDENTS.

In answer to "Student's" note, Liston's Red Wash is thus prepared—

℞. Zinci Sulphatis, drchm. i.
Spirits Lavandulæ, do. ss.
" Rosmarini do. ii.
Aq. Puræ drm xxx pro lotione.

It is generally applied by lint and covered with oiled silk.—6 *vol. Med. Gazette, page* 78.

FOREIGN BODIES IN THE RECTUM.

M. Maisonneuve related to the "Société Medico Pratique," the case of a man—a patient of M. Cloquet's—who had introduced a tumbler into his rectum. In order to extract it, M. Cloquet dilated the anus with six fingers, which being insufficient to dilate it to the required extent, MM. Maisonneuve and Huguier, who were present, each added four fingers. The fourteen fingers enlarged the anal surface to such a degree, as to allow the tumbler to be seen. The bottom of the tumbler was directed upwards, and the open part downwards. The man was then told to bear down, as if for defæcation, and the glass was expelled. This case is a most remarkable example of the extent to which the anus may be dilated, without injury to the sphincters.

A few weeks previous, M. Cloquet had had under his care another individual, who had introduced a Flemish beer-glass (shaped like our champagne glasses) into his rectum. The glass was seized with forceps, but broke into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downwards. The man died in the course of a few days.

M. Thierry narrated a case which occurred to Dupuytren. A man had introduced a square preserve-pot into the rectum, the open part being superior. Dupuytren seized hold of the rim by means of a blunt hook covered with chamois leather, and thus extracted it—*Gazette des Hapitaux.*

LACTATION—ITS INFLUENCE ON CONCEPTION.

Dr. Loudon, in a work on the law of population and subsistence propounds the theory that the laws of nature require lactation to be prolonged for three years, and expresses an opinion that the antagonism between the uterus and mammæ is so great as usually to prevent conception in women who have infants at the breast. This opinion, however, does not accord with the facts stated by Mr. Roberton, and is even more decidedly at variance with the results arrived at by Dr. Laycock. Dr. Laycock states that 135 married women yielded 209 pregnancies during 766 lactations, or 1 pregancy in 3 66 lactations, or 27 per cent. Those 209 pregnancies occurred in 76 females, that is to say 56 per cent. became pregnant while suckling; but in 30 of these, pregnancy under these circumstances occurred only once. If therefore, they be deducted, there remain 46, or 33 9 per cent., or nearly 1 in 3 who became pregnant on more than one occasion while suckling; and 19 of these, or 1 in 7, had always (after their first pregnancy) conceived while suckling.—*From the British and Foreign Medical Review, April*, 1844.

ON THE PROTECTIVE INFLUENCE OF VACCINATION.

The general conclusions drawn by Dr. Retzius, of Stockholm, from his observations of small-pox and the effects of vaccination in Sweden, are these: "The protection, afforded by vaccination from the close of the second year of life against the contagion of the variolous poison, usually lasts unimpaired to the end of the thirteenth year or so: after this period it begins to lose its effect, and gradually becomes more and more uncertain on to the twentieth or twenty-first year of life. For the next four or five years, the disposition to the small-pox seems almost to have recovered its original integrity; and this state of liability continues unimpaired up to the age of forty years or so. At about this epoch of life, it begins to approach nearer and nearer to the limit of its existence—which it reaches, in the majority of cases, about the fiftieth year,—the period when the general revolution of the human body commences to take place."

(The practical inference to be drawn from these remarks is the propriety of repeating vaccination in about thirteen or fourteen years after its first performance. This advice is in accordance with the observations of the most experienced practitioners: it would be well if it were more generally acted upon.)—*Medico-Chirurgical Review.*

A NUT FOR THE ULTRA-PHLEBOTOMISTS.

"I have seen," says Bordeu, that truly *spiritual* and lively writer, "a physician who put no bounds to his fondness for bleeding. If he had bled a patient thrice, he repeated it once more, for the good reason that there are four divisions of the world, four seasons in the year, and four cardinal points in the compass; after the fourth bleeding, a fifth was required, because there are five fingers to each hand; to the fifth he added a sixth, for that God created the world in six days; six! oh! there must be seven, since the week has seven days, and Greece had seven Sages; an eighth is necessary to make the number even; and a ninth, *quia* * * * *numero Deus impare gaudet.*"

An amusing anecdote is told of Barthez, another celebrated physician of the last century and cotemporary of Bordeu. During the excitement of the French Revolution, his house was assailed by the mob, in consequence of his having published a pamphlet in vindication of the nobility. He presented himself at his door

without fear, exclaiming to the rabble, "you may break my windows, but you cannot touch my arguments." He had a bitter enemy in the person of Linguet, a turbulent sarcastic lawyer of the day, who, in a satirical poem, addressed him as a

> Ministre de la mort, tyran de la nature,
> Assassiner par art, guerir par conjecture.

—*Medico-Chirurgical Review.*

ON THE POISONOUS PROPERTIES OF THE BARK OF THE LABURNUM TREE. By Robert Christison, M.D.

A farm servant, named Gordon, 18 years of age, being on bad terms with his fellow-servant, the cook, administered to her in some broth a portion of the bark of the *Cytisus Laburnum*, or common laburnum tree; this he did for the purpose of exciting vomiting. The cook soon became very ill, and in five minutes was attacked with violent vomiting. After the first attack of vomiting, which occurred at three in the afternoon, the retching and vomiting continued incessantly throughout the entire evening, night, and subsequent day; there was at the same time shivering, general pain in the belly, especially in the stomach, and such feebleness from the moment she first took ill, that she with difficulty walked to her bed; severe purging also occurred on the morning of the second day. It was some days before she was able to resume her work. The sickness, vomiting, and purging, however, continued to recur, in some degree, daily; pains throughout the abdomen; she rapidly fell off in looks, flesh, and strength; about six weeks after she first took ill, she was forced to give up service; her complaints went on without any intermission, except in degree for about seven months, when she was first visited by Dr. Ross, who was sent on the part of the law-authorities to investigate the particulars of the case. He found her labouring under symptoms of marked gastro-intestinal irritation, such as vomiting, especially after food, pains in the abdomen increased by pressure, diarrhœa with tenesmus and slightly sanguinolent stools, flatulent distension of the belly and the like. There was great debility, impaired appetite, hurried and laborious respiration, a rather frequent and easily excitable pulse, strong bellows' sound over the roots of the large vessels of the heart, a pale countenance, bloodless lips, and a pale, glazed tongue. The patient recovered very slowly. This woman having enjoyed robust health previous to the administration of the Laburnum-bark, it

cannot be doubted, that if the bark caused the first symptoms, it must also have occasioned all the subsequent illness.—*Edinburgh Medical and Surgical Journal.*

THE SETON BEST FOR RANULA.

"I have punctured the bag, and then touched the edge with caustic potassa to prevent its healing. The patient has gone on very well so long as it did not heal, but as soon as I have left off applying the caustic the orifice has closed. I have introduced a tenaculum into the bag of the ranula, and cut away a piece sufficiently large to admit the finger; the patient has then continued well for a longer time, because the part takes longer to heal, but contraction takes place, and the patient is bad again. I have run a seton through, and the patient has then gone on well for a considerable time. I have introduced a gold or silver ring, and kept that in as a seton. If the seton be kept in a considerable time, it seems to effect a permanent cure; but even that fails, and you have to perform the operation two or three times. I know of nothing better than the use of a seton, and I believe that it is better made of metallic substance than of silk. It does not so soon ulcerate its way out, and if it remain in for a long time the edges of the orifice through which the seton is introduced may become covered with mucous membrane. If you introduce a silk or India-rubber seton in the back of the neck, after a great length of time a sort of skin forms on the inner surface of the canal; there is a discharge of matter; and when you take away the seton, the part in which it lay remains pervious. So if you keep a seton in a ranula for a very long time, the opening may remain pervious. The advantage of a metallic over a silk seton is, that it does not ulcerate its way out so soon, does not get putrid in the mouth, and therefore may be kept in for a longer time."—*Sir B. Brodie.*

THE SPHINCTER MUSCLE OF THE ANUS WILL RELAX SO AS TO ADMIT THE HAND.

In a case of accidental intrusion of a piece of cane into the rectum, which occurred to Mr. Thomas, he introduced his finger into the gut, but could feel nothing. The sphincter muscle relaxing, he got in two fingers, and, ultimately, the whole hand, when he was able to find and abstract the piece of cane. On this Sir B. Brodie remarks :—

"There is, in this case, a circumstance of great interest, and one that I believe was first observed by Mr. Thomas, namely that the sphincter muscle gradually became relaxed under the pressure of the hand, so as to admit not only one finger, but two, and ultimately the whole hand. I have observed the same thing in several cases in which I have had occasion to make an examination, and the knowledge of this fact is very useful indeed on certain occasions which occur not only in hospital, but not unfrequently in private practice."

Those who live luxuriant and indolent lives are liable to have their bowels become very torpid, and you may be assured that there is no harm in their constantly attending to their bowels. I have known people belonging to the affluent classes who have been in the habit of taking medicine almost every day. I know one hearty old gentleman, eighty-six years of age, who can walk round the Regent's-park, who has taken an aloetic pill every night for three-score years. I knew another gentleman, who died at ninety-two, who took either an aloetic or a rhubarb pill for the same length of time, and I could give many other examples. But there are others who do not attend to their bowels; scybalæ form in the colon, they pass on to the rectum, but they are not easily discharged per anum. The softer fæces pass over the scybalæ, other scybalæ descend into the rectum, and the accumulation goes on until at last the rectum becomes completely filled up with a great mass of hardened fæces as large as the fist, and even larger, so that half a pound, or perhaps a pound weight, may be collected there. The patient now suffers exceedingly, and he—or perhaps I ought to say she—for it is more common in women than in men—has a desire to go to the water-closet. She goes, great pain is produced, but nothing comes away, the bowels being stopped up with these hardened fæces. The nature of the complaint may be ascertained by introducing the finger into the rectum; you there feel the hard mass of fæces. How is that to be got rid of? By injection? An injection will not act on this large mass. You must first dilate the sphincter muscle by introducing the fingers, and then with the handle of one or two pretty large spoons the whole mass may be extracted. A good nurse can accomplish it very well, if you tell her how. Let her take a couple of dessert-spoons and bring away a little and a little more, and when the rectum is nearly empty, warm water injected two or three times will remove the remainder.

Until I was aware how much the sphincter muscle might be dilated I found it difficult to manage these cases. I used to try to accomplish it by introducing a narrow spoon into the rectum and bringing away a little at a time, but that was a very tedious process."—*Sir B. Brodie.*

ON THE INFLUENCE OF OPIUM ON THE CATAMENIAL FUNCTIONS. By James McCune Smith.

It has been generally taken for granted, that the use of opium is not attended with retention of the uterine or mammary functions. Dr. Smith has met with some cases which give evidence to the contrary. He details the histories of five cases, in every one of which the catamenia were suppressed as long as the use of opium was indulged in. In the majority of these cases the opium had been given for various affections, chiefly as an anodyne. In two of them the catamenia returned as soon as the use of the opium was discontinued. In the last case mentioned by him, the opium was prescribed in consequence of a great increase in the quantity and frequency of the catamenia—the opium was continued until the discharge ceased; but the patient, without the knowledge of her medical attendant, continued the use of the drug for a year; the consequence was, the catamenia gradually diminished, and at the end of a year entirely ceased. She gave up the opium; and though she had recourse to emmenagogues, she could not succeed in re-establishing the discharge. All the cases mentioned by Dr. Smith agree in this one circumstance, that the arrest of the catamenia was not followed by the vital disturbances which attend their suppression from other causes. Opium is observed to possess the power of arresting periodicity.—*New York Journal of Medicine, Jan.* 1844.

[Two cases of arrestation of periodicity in this function have occurred to ourselves from the use of opium.—*Eds. M. G.*]

TREATMENT OF LEUCORRHŒA BY MEANS OF TINCTURE OF IODINE.

M. Van Steenkiste has made use of a diluted tincture of iodine with great success in cases of obstinate chronic leucorrhœa.

R. Iodine, gram. iv.; Alcohol. gram. lx. solve; et Aquæ destil. grammes (or f3xv.) are to be thrown into the vagina as an injection, and repeated every day, or every other day, according to the excitement it occasions.—*Ann. d'Obsterique, cited in Gaz. des Hôpit.* No. 65.

[We can add our testimony to the usefulness of this plan.—*Eds. M. G.*]

EXTIRPATION OF THE UTERUS FOR COMPLETE INVERSION.

M. Velpeau has recently extirpated the uterus in a case of inversion, the result of labor, which had existed four years, and threatened the life of the woman through the continued hæmorrhage which it occasioned. After bringing down the uterus by means of double hooks (erignes), ligatures were passeed through the base of the tumor which it formed, and it was then excised. From the account given of the operation, it is rather difficult to understand how the ligatures were applied. In another case in which M. Velpeau operated, three months ago, it appears that the base of the tumor traversed with two ligatures, and they were then tied circularly. Owing, however, to gradual retraction and ascension of the divided surfaces, the ligatures slipped off. In this case, therefore, it is stated, that the ligatures were placed from one side to the other, and united in front, so as to approximate the divided surfaces, as in the operation for hare-lip. The patient died of peritonitis a few days after the operation.

M. Velpeau has operated by excision on a woman, who recovered. He has lost another patient by hæmorrhage, and has met with three cases of complete inversion ; he has, therefore, seen six cases in all.—*Gazette des Hôpitaux.*

DECOMPOSITION OF TINCT. OPII BY AMMONIA.

It is of great importance for prescribers to remember that the addition of ammonia, either as carbonate or spiritus ammon, aromaticus, to mixtures containing tincture of opium or any salt of morphia, will after some time, say twenty-four hours, precipitate the morphia in a crystalline form ; so that if a mixture is made a day or two before it is taken, the patient may get several doses of morphia concentrated in the last portion left in the bottle, and fatal consequences may be produced. The presence of alcohol will prevent the precipitation.—*Chemical Gazette and Boston Med. and Surg. Journal.*

OVARIAN DISEASE.

Dr. Jefferson thus sums up the results of the operation for the extirpation of ovarian tumors, in 74 cases : in 37 cases the tumor was removed, and the patients recovered ; in 24 the operation was followed by the death of the patient ; of these 24 fatal cases, the tumor was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumor in 4 cases. Thus, again, in 74 cases, in which the operation for extirpation of ovarian tumor had been undertaken, it has been completed in 51 instances, in 14 of which it has been followed by death, and in 37 by the successful removal of tumors, and by recovery of the patients ; whilst, out of the

74 cases selected, it was found impossible to carry out the intentions of the operator in 23 ; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain in *statu quo ;* 10 died. The cause of failure was impossibility of removing the tumor, on account of adhesions, in 14 cases ; no tumor was found in 3 cases ; and the tumor proved to be other than ovarian in 6 instances.—*London Medical Times.*

THE EFFECTS OF ANTIMONY ON INFANTS.

Mr. Wilton, in the Provincial Medical Journal, gives the details of several cases, in which antimony, exhibited internally to children, caused excessive depression and exhaustion, and in two cases a fatal termination. The principal *post-mortem* appearance was an exceedingly ex-sanguineous condition of every part of the body. Mr. Wilton observes that antimony is a dangerous remedy for children, and always requires caution and observation in its use. To the truth of this remark we can add our testimony.—*London Medical Times, and Boston Medical Gazette.*

POISONING BY ARSENIC.

M. Grimaud, a chemist at Poictiers, has proposed a mode of rendering poisoning by arsenic more difficult. He recommends that this article shall he sold when mixed with a certain quantity of sulphate of iron and cyanuret of potash. About one per cent of each substance would, he alleges, be sufficient. The arsenic, thus qualified, shows itself either by color or smell, when used in the various aliments fit for man. Thus, arsenic prepared in this way, and thrown into warm meat soup, gives immediately a green bronze color ; into hot milk, an opal ; into red wine, a violet ; into bread, a deep blue ; and so on for twenty mixtures, on which M. Grimaud has made experiments.—*Galignani's Messenger and Boston Med. and Surg. Journal.*

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